THE GATEWAY
CLINIC EXPERIENCE

The Treatment of HIV and AIDS using traditional chinese medicine

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The Gateway

The Gateway Clinic was established in 1990. Having previously not had a name, it had been operating since 1988 as a clinic in an old Victorian hospital in South London, the South Western Hospital. In 1990, we were given a building to use for the purpose of providing acupuncture, medicine and qi gong for the treatment of HIV and AIDS. Funding was provided by West Lambeth Community Care Trust to treat drug addiction, HIV and AIDS. Essentially, it is a community clinic where people can walk in off the street. If they have drug or alcohol problems, or HIV and AIDS, they do not require a written referral from any medical or paramedical source, and are seen immediately at their first attendance. If they require Chinese herbal medicine for an acute condition it would also be provided on that first visit. For a more long-term problem they would have to make an appointment for a Tuesday or a Thursday.

There are two large rooms in the clinic where people receive treatment. In one, thirty to forty people can be seated at any one time. In the other, there are ten treatment couches where people can be treated at any one time. There is no separate room for private consultation and there are no separate rooms for men or women. Screens can be provided for those who need to remove all their clothing. However, most of the clients perceive the clinic as one in a community setting and, although there is not much privacy, there are great benefits to be gained from this kind of situation. If people are listening, they are only passively and not actively listening.

Clients arrive and sign the book, giving their name, address and age. A member of staff attends to the client to find out why they are seeking treatment. If the client can receive acupuncture in a sitting position they will do so; if they need to remove their clothing, or they need the majority of the treatment to their trunk (either the front or the back) they will be asked to lie down. The clinic sees up to fifty or sixty clients a day and provides more than six hundred treatments a month for clients with drug abuse, HIV and AIDS. The benefits of being in an open forum setting are that a lot of the fears, phobias and mysticism surrounding TCM are wiped away. Many cultures can cross this boundary of receiving Chinese medicine immediately. We have all nationalities - Vietnamese, French, Spanish, Italian, German, Austrian, Australian, American, English, Trinidadian - all sorts of people from all sorts of social classes and social backgrounds, receiving treatment. This is a tremendous achievement in that people are acknowledging they have a problem and are dealing with it. One of our beliefs is that in order to truly let go of your problem you must acknowledge it. We find that many of the clients in this open setting do very well indeed. Also, clients will actually support one another in a community such as this. For example, if someone fails to arrive others will offer to go and collect them or offer help in some other form. The hospital managers are very happy with the way the clinic is run and the fact that such a large community spirit has developed within this setting.

In the treatment of HIV and AIDS we are seeking to do four things:

- to inhibit the HIV virus activity itself.
- to treat and prevent opportunistic infections.
- to boost the immune system as much as possible.
- to create the optimum level of health

- spiritually, physically, mentally - no matter at what stage that person may be. This can also apply to the carer, friend or relative of someone who is HIV positive.

Usually clients fall into three main stages: early, middle or late. In the early stages we often find that if clients have just been diagnosed they are very worried and frightened. In the middle and late stages they have gained a better understanding of their problem; they may also still be frightened, in denial, or choose to take a destructive course in their lifestyle. In the late stages, clients are often weak and tired and in many cases, where many different types of treatment are used, it is difficult to discern what is truly coming from the illness and what is coming from the medication. We have five levels of approach of Chinese medicine according not only to the nature of the problem a client might have but also to the general attitude and temperament with which they present.

Level I

We regard our first level as our relaxation and outreach work. We utilise a general formula of ear acupuncture which we use for detoxing our drug and alcohol clients, using the National Acupuncture Detoxifications's protocol. This uses five ear acupuncture points (kidney, liver, shenmen, lung, sympathetic) bilaterally. This is, we find, tremendously helpful in that it is very simple to apply, and very quick. For clients who are afraid of needles or uncertain about Chinese medicine this method is easily applied, with a minimum amount of interview time, and treatment can be given on demand. It is effective in helping people relax and is also effective in getting clients engaged in treatment. It also helps to bring together large numbers of people in one place to discuss how to survive and improve their health.

Often when we have forty people sitting together in a room a very strong energy field is created, which helps improve the quality of the healing. Also, if there are any general messages about health or what is promoted at the clinic, these can be given out as public service information. Quite often we would have forty people receiving ear acupuncture and afterwards talk to them about the treatment and the possibilities of body acupuncture, the effectiveness of acupuncture and Chinese herbal medicine, qi gong, dietary therapy, massage and counselling for HIV, AIDS, drug and alcohol abuse.

We have found this to be such a powerful tool that we promote it as a first line of intervention for many different centres and, indeed, run a training course for NADA (National Acupuncture Detoxification Associations) on protocol.

Level II

The second level of intervention is general balancing. For this we use the very common application of the five elements and eight principles, which is standard acupuncture in clinical
practice. We see very common patterns. Certainly in the early stages it is common to see spleen qi deficiency with some blood deficiency, and heart blood deficiency with the shen being disturbed. Other common patterns are lung qi deficiency, kidney qi deficiency and liver qi stagnation. The corresponding symptoms for these I will not discuss as I feel most people reading this article have an understanding of what they are and what treatment to carry out. This approach is effective and efficient in a busy clinic setting.

For HIV and AIDS clients there is no treatment for spleen qi deficiency which differs from treatment for non-HIV clients, except to say that as they get to the middle or late stages some very unique symptoms will appear which require different treatment (I will discuss these later). If we are applying herbal medicine we need to understand that we are dealing with a virus that is active all the time, and that we are dealing with a person whose immune system is going to be compromised. So if we use extremes of herbal medicine – herbs that are either too hot, too cold or too damp – this could cause further problems and we need to take this into consideration. For example, if we know a client has a very sore or irritated throat we need to observe the strength of their spleen and stomach and the strength of their general constitution, before we apply medication, to ensure we do not cause disturbance. I appreciate that as herbalists, practitioners do consider this, but it requires even more careful consideration with these clients. According to recent research, the function of the cellular immunity is more critical than that of humoral immunity in HIV clients. Consequently, herbs that are polysaccharides should be used with care.

In the middle and late stages quite often the spleen type constitution has progressed from spleen qi xu to spleen yang xu. Usually there is some yin xu of the spleen and stomach as well. Quite often in the transition from an early to a middle or late stage there have been some infections or fevers which will have damaged the yin and body fluids. For this reason we have also found that the spleen and stomach yin are deficient, as well as the qi and the yang. So there can be a pattern where there is poor digestion, as is quite common with spleen and stomach deficiency, but also a pattern of dryness of the body fluids, as well as the accumulation of damp heat within the digestive system. Indeed, the transformation function of the spleen is damaged and the body fluids become turbid, forming phlegm, leading to either chronic persistent phlegm on the chest or to chronic diarrhoea. This leaves a latent pathogen in the body.

In the case of deficiency in the lung constitution we usually find that this person's trend progresses from lung qi deficiency on to yin deficiency with qi deficiency. This is very obvious from the symptomology. In the kidney pattern there is quite often a transition from qi xu to jing xu, and both yin and yang deficiency. We can then see some bone marrow degeneration or even further neurological signs. In the heart pattern, we see that the person will progress from the shen (the spirit) being disturbed and the qi being deficient to a heart fire pattern and this causes many problems with the mind, for example, confusion, coma and so on. In the liver pattern we will often see that the qi stagnation progresses to yin deficiency with liver fire or liver yang rising. Throughout all of these five basic constitutions the level of heat and toxic heat, fire or poison can vary if there is an acute onset of infections. For this we need to look towards the treatment of febrile disease. Generally, at this second level it is common to be balancing the yin and yang, the five elements and eight principle patterns that one would generally recognise. So we are often treating such symptoms as night sweats, coughs, fatigue, muscle aches, headaches, skin itching or dryness, diarrhoea and so on.

**Level III**

At the third level we really do see that specific procedures need to be applied for acute episodes. The fact that the HIV is active and the immune system is not functioning one hundred per cent, means it is easy for infections to come in, and at that point we see that acute episodes of infection need to be dealt with very quickly. We make sure we treat the symptoms, the biao, and put 70 per cent (if not 100 per cent) of our focus into that and reserve only thirty per cent for the ben. Examples of this are in the case of acute diarrhoea, where there is often either a pattern of kidney qi deficiency or spleen deficiency, which has led to poor digestive function, poor transformation within the body, making it easy for either damp to accumulate, for the inappropriate food to cause a problem, or infection to invade the body, and an acute onset of damp heat or fire poison in the intestines is seen. In these cases, we often observe that, because of the pain and discomfort, the sole treatment must be to attack the problem at the level of dealing with the infections and diarrhoea.

In these cases we would generally use the herbal prescription Bei Tao Weng Tang. Also, as an example, we could use acupuncture points such as Pc 6, Sp 4, St 25, St 28, St 37, ear acupuncture large intestine, small intestine and stomach. In other cases, such as ‘flu with high fever, sweating, or wind heat pattern in the body, we would use points to clear the heat as quickly as possible so the yin and body fluids are not damaged, and also ensure that the heat does not become a latent pattern in the body (which is so common in all immune deficiency syndromes). So in this case we would use Sang Ju Yin and acupuncture points with strong reducing technique, or even bleeding GV 14, strong
reducing of LI 4 or LI 11, and in order to promote sweating we might use Lu 7 and Ki 7. We would also use strong reducing of BL 11 and BL 12. After the needles are removed we would use cupping techniques, using western essential oils in an oil medium to help promote the cooling (eucalyptus, lavender, pine or rosemary).

Another example of an acute episode is that of herpes zoster of the face, trunk or genitals. This causes tremendous pain and discomfort and in many cases can cause scarring, especially when it attacks the retina of the eye or other areas of the face. In these cases we would want to ensure that the heat is cleared as quickly as possible, again to prevent too much damage to the yin and body fluids, but also to ensure the heat does not become a latent pathogen in the body. We would usually bleed Du 14, TH 6, GB 41 or 34, or if we did not bleed these points we would use very strong reducing techniques. We would then needle the Hua Tou points at the spinal level of the herpes lesion and needle in clusters around the lesions as it traced along the nerve path. Quite often we have found this approach will get rid of the shingles or the acute nature within the first day, and should see the lesions going down and away by the end of the third day. We would also apply a herbal paste externally using huang lian, huang bai, huang qin, da huang, ku shen. These would be powdered and then mixed with water and applied as a paste to clear the fire and poison. We would use a herbal prescription Long Dan Xie Gan Tang. If the herpes was affecting the upper body mostly we would use huang qin with this prescription. If the herpes was mostly affecting the trunk we would use huang lian. If it was affecting the lower body and genitals we would use huang bai.

So within all of the prescriptions one needs to take into consideration the strength of the immune system, previous constitution and severity of the acute episode. This is very important in prescribing the dosage of the herbs, for in many cases, people with very weak immune systems cannot cope with heavy doses of medication. Also, the herbs must be neither too cold nor too hot. We would usually modify the prescriptions used according to the very specific needs of the individual. In the five years that we have been applying herbal medicine we have found the use of individualised herbal prescriptions far more successful than using stock formula or tablets.

**Level IV**

At the fourth level we are dealing with the treatment of difficult patterns. In the time that the HIV has been active in the body there could be many recurrent chest infections, recurrent bouts of diarrhoea or herpes, recurrent skin conditions, the toxins which are left over from medication, food that has not metabolised fully and the stress and tension of living with HIV. This all leads to the retention of a latent pattern within the body, which is generally seen to be a latent heat pattern or a latent damp heat pattern. These patterns can lie dormant within the body and usually remain in the luo vessels which within Chinese medicine have always been difficult patterns to treat.

Patterns which I deal with particularly at the Gateway Clinic are Karposi's sarcoma (KS) and pneumocystic carinii pneumonia (PCP). KS is a very difficult condition to treat. If clients get KS early on in their HIV history, I sometimes find it is the primary symptom they have. Their general health seems fine, yet they have KS. Often you find there is a spleen constitution to start with, the qi is weak and not holding the blood, so that the blood leaks from the blood vessels and is held under the skin. In this type of pattern I find there is some damp involved and usually some stagnation and heat. There is usually an element of heat and blood stagnation and this is held within the xue luo of the spleen.

In these cases we need to work on strengthening the spleen and then we can work much more strongly on clearing the KS. Some would use a prescription to tonify the spleen based on Bu Zhong Yi Qi Tang, and then add herbs such as e zhi and san leng. In some cases the KS has changed quite quickly; in fact, in some cases it has disappeared. I have also observed in the majority of KS cases that the person will have a bout of PCP and because of the high fever of the pneumonia the yin of the lung is damaged, leaving latent heat in the lung's luo channels, which damages the blood vessels of the luo channels, causing bleeding. Usually, this results in a dark, angry KS lesion, with more blood stagnation and more heat within it. This is usually quite rapid once it begins.

In Chinese medicine we know the connection between the lung and the skin, and we also know that once the yin is deficient it is quite difficult to nurture and bring it back to its full potential again. In these cases we would use Chinese herbal medicine to treat the yin deficiency of the lung, but we also need to extract the heat from the xue luo. This is difficult as the culprit is weak himself, so cannot really cope with strong medication. In these cases we often use herbal prescriptions such as Bai He Gu Jing Tang or Sheng Mai San, or a variation of Shao Shen Mai Ment Dong Tang.

We will usually use a variation of these prescriptions, changing herbs according to the eight principles or five element patterns that are presented. We would certainly use milder herbs to extract the heat from the xue luo. In these cases we would use herbs such as ze lan, tong cao, si gui lou, yi mu cao. We have built up the use of a tea in the treatment of KS, which can be used by clients either in their early or
late stages. This tea is quite pleasant to drink and consists of yi jin, xian he cao, dan shen zhe lan, yi mu cao, tan xiang, hong hua, zhu ru, mei gui hua. Clients find that using this tea is effective in reducing the activity of the KS and reducing the KS lesions. In other difficult cases, such as the treatment of PCP, we often see there is a chronic pattern of lung qi deficiency and/or lung yin deficiency and phlegm heat in the lung. This again is a latent pattern in which we would need to examine the constitutional weaknesses with not just the lung but also the spleen, kidney, liver or heart and then modify the herbal prescription by using some of the more gentle herbs to clear away the PCP. We would then use a tea regularly afterwards to prevent and treat the PCP. Herbs we generally use for the treatment of PCP, if there is yin xu, are bai bu, hai ge qiao, qing dai, hai yu.

If there is very high fever and yellow phlegm we would often use herbs such as yu xing cao, ting li zi, hu shang, bai bu she she cao, xing ren. If there is a very strong cough which is a full condition we would use ting li zi, hai jie zi. In deficient or xu cough we would use wen wei zi and wen mei. In the prevention of PCP we use a tea which consists of zhu ru, kuan dong hua, jian can, tao bei mu, xian he cao, yu jin, zi wan pei lan. We get clients to make this up into a tea and take it frequently. If they have many recurrent bouts of PCP we ask them to tolerate bu zhang, bai bu she she cao in their tea.

In the treatment of difficult conditions the acupuncture treatment also needs to be varied. We can be treating from an eight principle pattern, five element pattern and from the wen bing, which may require different needling techniques or methods. My experience over the last five years, and the knowledge I have gained from other clinicians such as Dr Magnolia Goh, Mishia Cohen and Professor Wu Bo Ping, have led me to change my acupuncture protocol many, many times. In 1992 and again in 1993, during my work with Professor Wu, he suggested that I use a needle technique of tonifying from the yin channels in order to push the latent pathogen out to the surface; dispersing from the yang channels to draw the pathogen out to the surface to release it. For example, in the treatment of KS I often use the following needling method: if the KS is very active in the lower body the KS often starts along the Kidney channel. In these cases I would use tonic needling of Ki 9, then reducing to St 40, tonic needling of Sp 10 and reducing of St 34. When it appears on the trunk I would use tonic needling of Ren 4, then reducing of Bl 24; tonic needling of Ren 12, then reducing of Bl 12, tonic needling of Ren 17 and reducing needling of Bl 17. I would use tonic needling of Lu 1, then reducing needling of Bl 11 or 12; tonic needling of Pt 6 and dispersing needling of TH 5. In these cases we have found that the KS lesions go down.

However, if the general constitution is very deficient and there are still more general infections and more PCP or TB, the prognosis is not as good. From a western standpoint it is not good, and from a Chinese medical standpoint it is seen to be quite critical. That does not mean that we give up, nor do we lessen our degree of treatment, but it does mean that the client cannot tolerate heavy treatment. In these cases we do little and often rather than heavy and too much at any one time. We encourage the clients to use the herbs as tea, as decoctions and use Chinese dietary therapy. Clients use the acupuncture on a daily basis, and so they have fewer needles regularly rather than a lot of needles at once. They also use qi gong exercise to help orientate their mind, body and spirit to the issues of their illness. In many cases we have had success. Unfortunately, there are always cases where we are either too late in starting or it just is not meant to be – there is no stopping the onslaught of the KS.

As more is known about HIV more variations on its difficult aspects are becoming well known. Now many different western medical problems are being diagnosed as resulting from HIV, for example, KS, PCP, TB, CMV, MAI (these are all abbreviations for the different viral and bacterial activities which are going on in the body). Often at this stage I feel that the general constitution has become so weakened that all the additional infections just add to the latent patterns which remain within the body. We start to see patterns of latent heat, latent blood stagnation, latent qi stagnation which really complicate the situation. We know the body is weak and it needs to be strengthened; we know we need to treat infection; we know we need to boost the immune system; we know we need to clear the latent heat patterns, but where are we going to start?

Often in writing a prescription, I feel the decoction will deal with the primary issue. For instance, if diarrhoeas is very severe and it is because of severe weakness, I will strongly treat the weakness, the ben. If I feel it is because of severe damp heat, I treat the damp heat, the biao. But if it is fifty-fifty between the ben and the biao, the herbal prescription will reflect that. In many cases where there is a problem with loose stools and a chest problem, and there is also KS, I will use the decoction to treat the most severe aspect. I will then use herbal tea and herbs in soups to treat the secondary symptoms, so that I am not expecting one herbal prescription to rush around the body and do all things. I will get the main prescription to deal with one or two major elements, and then I will use another herbal formula as a tea or a soup to go in and work at the other levels. One must make sure that the tea, the soup and the decoction do not contradict one another or cause a problem of too heavy dosage, given that the patient is weak or on heavy western medication. I double-
check all the herbs to ensure the dosage is not too high.

We often worth with dosages of one or two grams, with a maximum of five or six grams. But in our clinic we tend to double these weights, and the patient boils the decoction to make it last over four days, so they are taking in an eighth of the total volume of liquid twice a day. This we find to be effective. In the clinic we are prescribing the decoction at either three day, seven day, fourteen or twenty one day intervals. This will depend on the acuteness or the severity of the problem. Obviously, in acute infection such as PCP, or an infection of the ear or eye, meningitis, shingles or herpes, we would want to ensure that we see the patient every day, but would probably change the prescription every three days. In some cases we might change it in one if required. Our experience of working with this acute level of care has really come over the last two years. Now we sometimes receive clients from in-patient units who receive acupuncture and herbal medicine and then go back to their hospital to carry on treatment there. Sometimes this has been effective where western medicine has not been able to break the pattern and sometimes, unfortunately, it has not.

**Level V**

The fifth level of intervention in our clinic is the practice of *qi gong*. I have been practicing *qi gong* for a long time, and have been doing martial arts since I was a little boy. In recent years I have been working with *qi gong* Master Zhi Xing Wang, and he has led me to discover for myself, through my training and his tuition, the subtle perception of the *qi* balance within the body. So in taking a case history I take it according to Traditional Chinese Medicine - the traditional ‘askings’, the pulse and tongue diagnoses etc. I also use palpation and all the other observations which are normally used within Chinese medicine. I will then be still and tune in, in total empathy with the person, to perceive where the real blockage is within the body, where the real weakness is. Is there a disconnection internally within the body, mind and spirit? Sometimes this seems to tally with the case history, the pulse and the tongue. At other times it does not. Certainly, in my early practice of attempting to use *qi gong* within the clinic I would find there seemed to be a discrepancy. As I continued my *qi gong* training and applied it in the clinic, I discovered my pulse taking led me to discern more blockages. So when I am taking the pulse I tune in to what I understand of the syndrome and the five elements, and I tune in also to what I understand to be the *qi* message within the body. I now perceive them to be similar, and yet not the same. They are similar in that I can find, yes, there is a weakness in the lung, spleen, kidney or internal organ or congestion - yet a blockage in the *qi* level may be that physical thing and it may also be a sense that the spirit is not right in that place, that there is no subtle connection of the *qi* field within that particular part of the body, which is then disconnected from the rest, so the whole is dysfunctioning.

With the clients I see regularly, have developed a rapport with, and with whom I practice *qi gong* at the class which I teach, I discover I can tune into their emotional blockages and their personal feelings about themselves, their prognoses, where they are, or are not, in their whole scheme of life. For this reason I allow my knowledge of the acupuncture points to lead me to decide which ones to use, which direction to needle, what intention to send with those needles, and how to direct the *qi* with my hands through the needle to reach that part of the body. I appreciate that probably within the history of Chinese medicine this is nothing new, but for me, as a relatively young practitioner of only ten years experience of practicing acupuncture, it is a new discovery within my clinic. I find it particularly powerful because when I am working with these clients I redirect the *qi* field within and around the body, using the acupuncture needles, and it seems to potentize what I am attempting to do on the level of dealing with the Chinese medicine treatment. I feel this is something very unique in terms of how we commonly use acupuncture. It is possibly something unique within the whole practice of Chinese medicine, as there are many other practitioners who also work in this way.

Sometimes it is very painful - because I can tune in and feel the great sadness or pain felt over the loss of a friend, relative or loved one, or the pain of the fear or the terror they feel inside. This requires that I treat myself, to lead this negative energy out of my own body, using my acupuncture and *qi gong* practice. I feel this *qi gong* acupuncture area has a much more spiritual nature. That does not mean it makes the other levels of acupuncture we practice subservient or insignificant, as one needs to be able to operate on all different levels and to meet the needs of clients at the level at which the treatment is required. I feel in the practice of TCM at the Gateway we should be sensitive to, and be able to discern the imbalance, in a truly holistic manner.

Chinese medicine is not a panacea for HIV and AIDS – it does not have all the answers, nor does Western medicine or any other single health care system. Therefore, a coalition forum for the treatment of HIV and AIDS is the most efficient and effective method of approaching this world-wide problem. In the future I would hope that more finance, more research, more experience and a greater level of understanding for the integration of Western and Chinese medicine in the treatment of HIV and AIDS could be offered to our clients, with more successful results. If there are readers of this article who feel they have more to add, or have comments to make, I would be very open to receive them.